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TFW 1755

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

2

Application Number

10/071,573

Filing Date

February 8, 2002

First Named Inventor

Halbert C. Buffkin

Art Unit

1755

Examiner Name

Tae Yoon

Attorney Docket Number

PFF 301

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Withdrawal of Attorney/
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐

Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Kolisch Hartwell, P.C.

Signature

Printed name

Peter E. Heuser

Date

January 30, 2006

Reg. No.

27,902

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Laura L. Westin

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Date

January 30, 2006

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/071,573
Filing Date	February 8, 2002
First Named Inventor	Halbert C. Buffkin
Art Unit	1755
Examiner Name	Tae Yoon
Attorney Docket Number	PFF 301

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Kolisch Hartwell PC no longer represents the Applicant in this matter.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	JACOB GINSBERG, ESQ				
Address	GINSBERG AND ASSOCIATES 4502 WEST LOVERS LANE				
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Telephone	214-369-9871			Email	
Signature					
Name	Peter E. Heuser		Registration No.	27,902	
Date	January 30, 2006		Telephone No.	(503) 224-6655	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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